



PEDIATRIC ASSOCIATES OF THE NORTHWEST

TREATMENT CONSENT

Pediatric Associates of the Northwest (PANW) is pleased to partner with you in the health care of your child. As your Medical Home, we aim to provide comprehensive, team-based services to promote the health, development, and wellbeing of your child and family. Below, you'll find important information about PANW and your health care team.

THE INTEGRATED HEALTH CARE TEAM

As the center of your child's health care team, you and your child are integral members of a group dedicated to their physical health, learning and development, social and emotional wellbeing, and behavioral health. The health care team includes a medical care provider, behavioral health clinicians, medical assistant, and other "behind the scenes" support staff. In some cases, your child's team may also include a nurse care manager. Together, team members work to support your child's health goals and overall wellbeing.

By signing this Treatment Consent, you are authorizing the medical care providers and other clinic staff of Pediatric Associates of the Northwest to conduct physical examinations and routine services, order and perform tests, and administer treatment deemed necessary by the examining medical provider. If treatment is recommended, the medical care provider will inform you as to the nature of the procedure, the alternatives to treatment, and the risks involved. You will be given the opportunity to ask questions and have your questions answered. Should special procedures be indicated, the examining medical care provider will discuss this with you and additional consents may be required. You are also authorizing the behavioral health clinicians to conduct behavioral health assessments and treatments as a part of the health care team when recommended and when verbally consented to by you (or your child if they are 14 years or older) at the time of service.

Behavioral Health Care

Behavioral Health Clinicians at PANW work collaboratively with you, your child, and your medical care provider to support your child's physical, emotional, psychological, behavioral, and social health and to assist with questions regarding development or learning. Services may be recommended by your medical care provider or initiated by you or your child, either at the time of an appointment with a medical care provider or as a separate appointment. The goals for behavioral health services, whether brief or ongoing, are established in collaboration with you and/or your child, and you have the right to refuse this service or to discontinue it at any time.

Confidentiality

PANW holds a deep commitment to patients' privacy. As a Medical Home and in order to provide the most effective and collaborative care, your child's medical care provider(s) and behavioral health clinician will share information with each other regarding your child **without written consent** and will document their assessments and treatments in the same electronic medical record. PANW will not share information or release records to persons outside of PANW without your consent (or that of your child if they are 14 years old or older), with the following exceptions:

- When there is suspected abuse or neglect of a child, elder, or disabled person
- When there is a threat of harm to self or others
- When medically relevant information is needed for emergency medical treatment
- When records are subpoenaed by order of a judge or if the patient/parent waives confidentiality
- In the case of divorce, both parents have equal access to information in the chart of a child under age 14.

Information may be required by your insurance company to process a claim. Although this is generally limited to diagnosis, procedure code, and date of service, in some instances additional information may be required by your insurer. In addition, your child's file may be reviewed for quality assurance by PANW or by your insurance company.

PANW respects the rights of a patient to have certain information remain private between themselves and their health care provider. Patients and parents are strongly encouraged to discuss any concerns they may have so that, if possible, an arrangement can be made to protect privacy while allowing treatment to continue.

Electronic Communication

Be aware that email and fax communication present a potential risk to patient confidentiality. Patients/parents may contact their health care providers via the secure Patient Portal once they have established this email link. Please note that email is not a replacement for office visits and is not intended for urgent or immediate communication.

Emergencies

During business hours, you/your child can receive emergent behavioral health advice or services by calling the clinic. Outside of business hours, we have a nurse triage team available to you by calling our office phone number. You are advised to go to your nearest hospital emergency room or to call 911 for life-threatening emergencies.

Grievance Procedure

If you have concerns regarding these policies, please discuss them with your health care provider during your initial appointment. Should you feel dissatisfied with your treatment for any reason, please talk with your treatment provider. If you and your provider are unable to resolve the problems, you may submit a written letter of concern to our Operations Manager.

Consent

I agree with this information and authorize PANW to provide treatment to me/my child/my children, as specified in this document.

Patient Name(s):	Birthdate(s):

Name of Parent/Guardian

Date

Signature of Patient/Guardian

Date